

Committee for Specialist International Medical Graduate Education (CSIMGE)

SUBSTANTIAL COMPARABILITY PATHWAY

Modified Case based Discussion - Final Assessment Form



Name of candidate: _____

Please ensure that you have submitted this form by email or fax upon completion of the modified Case based Discussion assessment.

Specialist International Medical Graduate Education EMAIL: comparability@ranzcp.org FAX: 03 9642 5652 or POST: 309 La Trobe St Melbourne VIC 3000

Grade code: **DNA** – Did Not Achieve **JB** – Just Below **A** – Achieve **S** – Surpass

	Please tick the Grade code for each competency	Comments pertinent to remediation:	PATIENT CHARACTERISTICS
1. Clinical assessment	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Main Diagnosis: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Second Diagnosis: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
2. Management Plan: Treatment	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		
3. Management Plan: Collaboration	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		
4. Communication	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		
5. Professionalism	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		
Signed by Assessor: _____ Signed by Candidate: _____ (to verify assessment took place) Date: / /		<p style="text-align: center;">PRELIMINARY OVERALL GRADE</p> <p style="text-align: center;"><i>Final grade is determined by SCARP</i></p> <p style="text-align: center;"><i>after review</i></p> <p>Did Not Achieve <input type="checkbox"/></p> <p>Achieve <input type="checkbox"/></p>	